

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P8192

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 25 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98-3335

1. Corporation Name

TECHINSPIRATIONS INC.

2. Principal Office Address

COMERICA BANK BLDG

Suite, Apt. #, etc. SUITE 101

1800 CORPORATE BLVD, NW

City & State

BOCA RATON, FL

Zip Country

33431 USA

3. Mailing Office Address

COMERICA BANK BLDG

Suite, Apt. #, etc. SUITE 101

1800 CORPORATE BLVD, NW

City & State

BOCA RATON, FL

Zip Country

33431 USA

REINSTATEMENT 00-01

4. Date incorporated or Qualified
To Do Business in Florida

06/12/1998

SP

5. FEI Number

88-0394644

Applied For

[Not Applicable]

6.

CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD CASCIO

000003574550--4

Street Address (P.O. Box Number is Not Acceptable)

1800 CORPORATE BLVD, NW / COMERICA BANK BLDG, SUITE 101

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

RICHARD CASCIO

Date JANUARY 24, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P COO	RICHARD CASCIO	COMERICA BANK BLDG, SUITE 101 1800 CORPORATE BLVD, NW	BOCA RATON, FL 33431
DST	FRANK VAN LUTTIKHUIZEN	2275 #8 SIDE RD, RR#2	MILTON, ONT CN L9T2X
C	JOHN VAN LEEUWEN	2275 #8 SIDE RD, RR#2	MILTON, ONT CN L9T2X

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

RICHARD CASCIO, PRESIDENT/COO 01/24/2001 (305)

TOTAL P.02



REFERENCE : 976513 4310694

COST LIMIT

Patricia King
\$908.75
11/11

CUSTOMER: Ms. Anna Salgado
Broad And Cassel
Ste 3000, Miami Center
201 South Biscayne Boulevard
Miami, FL 33131

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91 JAN 25 PM 12:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA